EOD INSTRUCTIONS SEE DACK OF FORM	Focahontas
FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE Reset Form	DR-2 DISCLOSURE
	DISCLOSURE (Rev. 07/2003) REPORT
COMMITTEE NAME (Must be same as on Statement of Organization)	
C A :	For Office Use Only Comm. #
Ferguson for Auditor	Logged In
IMPORTANT: Indicate type of committee you are reporting for:	Scanned
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee	Computer
(5) County PAC (6) Ballot issue/Franchise Committee (7) County/City Certifal Committee	Audited
CANDIDATE COMMITTEES ONLY:	
Candidate Name Political Party	AFC 1
Linda Ferguson Office Sought County Auditor District (if Senate or House)	PEC 1 3 2004
Office Sought District (if Senate or House)	
County Auditor	
1/ 11	
SIGNATURE OF TREASURER (or person filing this report) 712-776-23 TELEPHONE	57 12-1-04 DATE SIGNED
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SIGNED
Late filed reports are subject to possible civil and crim	inal penalties.
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE	
I AM FILING A Jan 19 REPORT FOR AN/A (1) ELEC	
	TION ((2)NON-ELECTION TEAK.
 _	
	ocal Committees, enter Date of Election
	Nova, 2004 ounty & Local Committees, enter County in
	hich Election is held
(
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end	
of the last reporting period, or must be zero if this is first report filed.)	\$18.28
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	179.12
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTA	L\$ 197 40
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans belo	w) 197.40
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report, balance must	
be zero) (Attach DR-3)	\$
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	LI _{YES} LI _{NO}
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$
The second of th	*

For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	· ·	A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)			CK THIS BOX IF NDING FORM
Ferguson for Auditor			

SCHEDULE

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	iD#	Linda Ferguson 3045W Drust Pocenhanton 7A 50574 Linda Ferguson 3045W Drust Pocenhantas, 74 50574	6.16	\$50.00	
10-15-04	CK#	Pocehouter 7A 50574	Self	50.00	
	ID#	Linda Ferguson	_		
11-12-04	CK#	Pocahartas 74 50574	self	129.12	<u> </u>
	ID#				[
	CK#				[[]
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	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL		

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

TOTAL (if last page of this schedule)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF

COMMITTE	E NAME (Must be s	same as on Statement of Organization)	ĺ	
	Fergus	on for Auditor		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-15-04	CK# 10 18	Sarah Munson 29733 450465+ Rolle IA 50581	Culle. TV acls	\$30.00
11-4-04	ID# CK# /6/19	Laurens San. Po Box 125 Laurens, ZA	Reus paperads	30.60
11-12-04	CK#1020	Record Domanat 218 N Main St Pocahendas, ZA	Newspaper ads	136.80
	ID# CK# 			
	ID# CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$197.40

THIS BOX APPLIES TO CANDIDATES' COMMI	rtees	ONLY:
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	 	Oi			_